Attorney Docket No. 2450-0598P

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention enlittled:

Insert Title:	"AUTOMATIC FILLING	G STUFFING A	PPARATUS"	··········		·	<del></del>		
Fill in Appropriate	the specification of which is attached hereto. If not attached hereto, the specification was filed onas United States Application Number;								
Information - For Use Without	Ine specification w			as					
Specification	and amended on					(if applicable) and/or			
Attached:	the specification was filed on					as PCT			
	International Application Number amended under PCT Article 19 on					; and was (if applicable)			
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as								
	amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal								
	Regulations, §1.56.  I do not know and do not believe the same was ever known or used in the United States of America before my or our inventio								
	thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in publicated or made the united States of America more than one year property that the invention has not been patented or made the subject of an inventor's certificate issued before the								
	date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this								
	application by me or my legal representatives or assigns, except as follows.  I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:								
	Prior Foreign Applic					Priority C	Claimed		
Insert Priority Information:									
(if appropriate)	(Number)	(Country)		(Month/Day	/Year Filed)	Yes	No		
		<u> </u>							
	(Number)	(Country)		(Month/Day	/Year Filed)	Yes	No		
	(Number)	(Country)	·	(Month/Day	/Year Filed)	Yes	□ No		
	(rumiber)	(country)		(Wierian, Day)	, 100 1100,				
	(Number)	(Country)		(Month/Day	/Year Filed)	Yes	No		
	I hereby claim the benefit under Title 35, United States Code, \$119(e) of any United States provisional applications(s) listed below.								
Insert Provisional									
Application(s): (if any)	(Application Number)			(Filing Date)					
	(Application Number) (Filir				g Date)				
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:								
	Country Application No.				Date of Filing (Month/Day/Year)				
Insert Requested Information: (if appropriate)							<del></del>		
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
Insert Prior U.S.									
Application(s): (if any)	(Application Number)		(Filing Date)		(Status - patented, p	ending, abandon	ed)		
Page 1 of 2	(Application Number)		(Filing Date)		(Status - patented, p	ending, abandon	ed)		

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of First								
Name of First or Sole Inventor: ert Name of	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
nventor → ert Date This Document is Signed	Chin—Ta CHIANG	Chin-ta Chia	29	Dec. 1, 2003				
ert Residence	Residence (City, State & Country)	CITIZENSHIP						
ert Citizenship →	Taichung Hsien, Taiwan, R.O.C	Taiwan, R.O.C.						
ert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country) No. 3, Lane 267, Ho-Ping Rd., Ton-Tzu Hsiang, Taichung Hsien, Taiwan, R.O.C.							
I Name of Second nventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENSHI	P				
	MAILING ADDRESS (Complete Street Address	ncluding City, State & Country)						
ii Name of Third inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	**************************************	DATE*				
	Residence (City, State & Country)		CITIZENSHI	P				
	MAILING ADDRESS (Complete Street Address	ncluding City, State & Country)						
U Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
			CITIZENSHI	P				
	Residence (City, State & Country)							
	Residence (City, State & Country)  MAILING ADDRESS (Complete Street Address	including City, State & Country)	·					
II Name of Fifth Inventor, if any: see above		including City, State & Country) INVENTOR'S SIGNATURE		DATE*				
Inventor, if any:	MAILING ADDRESS (Complete Street Address		CITIZENSHI					
Inventor, if any:	MAILING ADDRESS (Complete Street Address GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	CITIZENSHI					
Inventor, if any:	MAILING ADDRESS (Complete Street Address GIVEN NAME/FAMILY NAME Residence (City, State & Country)	INVENTOR'S SIGNATURE		P DATE*				
Inventor, if any: see above  If Name of Sixth Inventor, if any:	MAILING ADDRESS (Complete Street Address  GIVEN NAME/FAMILY NAME  Residence (City, State & Country)  MAILING ADDRESS (Complete Street Address  GIVEN NAME/FAMILY NAME  Residence (City, State & Country)	INVENTOR'S SIGNATURE including City, State & Country) INVENTOR'S SIGNATURE	CITIZENSHI	P DATE*				
Inventor, if any: see above  If Name of Sixth Inventor, if any:	MAILING ADDRESS (Complete Street Address GIVEN NAME/FAMILY NAME Residence (City, State & Country)  MAILING ADDRESS (Complete Street Address GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE including City, State & Country) INVENTOR'S SIGNATURE		P DATE*				